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FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZA	TION		
i Oitivi i	(See instructions)	)	C	office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Angela McGlo	wan for Congress			
ADDRESS (number and	street) PO Box 2596			
(Check if address is changed)	3			
	Oxford		LMS L	38655
	С	EITY▲	STATE	ZIP CODE 🛦
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-ma			
(Check if address is changed)	clayton@mcglowanfor	congress.com		
COMMITTEE'S WED	PAGE ADDRESS (URL)			
	http://www.mcglowanf	forcongress.com/		
(Check if address is changed)	; <u>                                     </u>	1		
2. DATE 1.0				
3. <b>FEC IDENTIFICA</b>	ATION NUMBER C	C00476440		
4. IS THIS STATEM	MENT X NEW (N) OR	AMENDED (A)		
I certify that I have exam	ined this Statement and to the best of my knowle	edge and belief it is true, correct and	l complete	
•	Du Duanda Fallacco	_	·	
Type or Print Name of	Treasurer Dr. Brenda Fellows	5		
Signature of Treasurer	Electronically Filed by Dr. Brenda I	Fellows	Date 10	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information may si		•	s of 2 U.S.C. §437g.
	ANY CHANGE IN INFORMATIO	ON SHOULD BE REPORTED W	/ITHIN 10 DAYS	
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)